

Commonwealth of Puerto Rico

Office of the Commissioner of Insurance

Statement of Unclaimed Funds as of December 31, 20_____

| Name of the person of e | entity in possession of the unclaimed funds | | | | |
|--|--|-------------------|---------------------------|-----------------|--------|
| Address | | | | | |
| Phone number | | | | Page_ | of |
| | tled to or interested in funds unclaimed 7 r becoming due (in alphabetical order) | | | | |
| Name and Initial | Last Names | Las Known Address | Policy or Claim No. | Due Date | Amount |
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| Note: If more spaces are requires, please attach another form and indicate the number of pages included. | | | | | \$ - |
| | er a diligent inquiry, the information nt is true an correct to the best of my | | Subscribed and sworn this | | |
| knowledge and belief. | · | | thisday of | | |
| Signature of Authorized | l Officer | • | Notary Public | | |